

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 030 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 770939 ✓

1. Entity Name
 CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM POA

Principal Place of Business Mailing Address
 %DCI %DCI
 2901 Simms St 2901 Simms St
 Hollywood, FL Hollywood, FL 33020

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 59-2360505 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
 % dci
 2901 Simms Street
 Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* DATE 5/9/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	John Schaefer	<input type="checkbox"/> Delete
NAME		Unit 104	
STREET ADDRESS		921 NE 199 St	
CITY-ST-ZIP		North Miami FL 33179	
TITLE	VPD	Sally Rouso	<input type="checkbox"/> Delete
NAME		Unit 107	
STREET ADDRESS		811 NE 199 Street	
CITY-ST-ZIP		North Miami, FL 33179	
TITLE	TD	Vicki Atlas	<input type="checkbox"/> Delete
NAME		Unit 108	
STREET ADDRESS		825 NE 199 Street	
CITY-ST-ZIP		North Miami, FL 33179	
TITLE	D	Stan Geller	<input type="checkbox"/> Delete
NAME		Unit 204	
STREET ADDRESS		781 NE 199 Street	
CITY-ST-ZIP		North Miami FL 33179	
TITLE	D	Fred Suarez	<input type="checkbox"/> Delete
NAME		Unit 106	
STREET ADDRESS		907 NE 199 Street	
CITY-ST-ZIP		North Miami, FL 33179	
TITLE	SD	Flora Ray	<input type="checkbox"/> Delete
NAME		Unit 107	
STREET ADDRESS		921 NE 199 Street	
CITY-ST-ZIP		North Miami, FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE 5/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)